2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31987

1. Entity Name
ALICO INDUSTRIAL PARK OWNERS ASSOCIATION, INC.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business 7851 SUPPLY DRIVE FORT MYERS, FL 33912

SIGNATURE:

Mailing Address
7851 SUPPLY DRIVE
10181 SIX MILE CYPRESS PARKWAY STE A
FORT MYERS, FL 33912



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

04112006 No Chg-NP CR2E037 (11/05)

5. Certificate of Status Desired

\$8.75 Addition Fee Required

Davime Phone #

Date

WILES, MARK 7851 SUPPLY DRIVE FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | |
|---|---|---|--|--------------------------------|----|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| - | Filing Fee is \$61.25 Due by May 1, 2006 | Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | · | | |
| THILE NAME STREET ADDRESS CHY-ST-ZIP | PD PALEN, HOWARD E. 10181 SIX MILE CYPRESS PKWY, STE A FORT MYERS, FL 33912 | | U00000508513 04/28/06-80007-021 61.25 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WILES, WAYNE 7851 SUPPLY DR FT MYERS, FL 33912 | | | | | |
| TITLE NAME STREET ADDRESS CAY-ST-ZIP | STD WILES, MARK 7851 SUPPLY DR. FORT MYERS, FL 33912 | | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | , Tar E | | | ·- | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | |